Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF CALIFORNIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	,	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Jennifer First name  Nicole	F	First name
	license or passport).	Middle name	ľ	Middle name
	Bring your picture identification to your meeting with the trustee.	Pepin Last name and Suffix (Sr., Jr., II, III)	ī	_ast name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0920		

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 2 of 62

Del	btor 1 Jennifer Nicole Pe	epin	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EIN	EIN		
5.	Where you live		If Debtor 2 lives at a different address:		
		4199 Galbar Street			
		Oceanside, CA 92056  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		•	, , , . <b>,</b> ,		
		San Diego County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 3 of 62

Der	Jenniter Nicole Pe	pin				Case	Turriber (if known)	
Par 7.	The chapter of the Bankruptcy Code you are	Check or	e. (For a b				C. § 342(b) for Individuals Filing	for Bankruptcy
	choosing to file under	■ Chap	,,	go to the top of page 1 a	na oncok tric t	appropriate box.		
		☐ Chap						
		☐ Chap						
		☐ Chap						
		— Опар	101 10					
8.	How you will pay the fee	abo	out how yo	e entire fee when I file my petition. Please check with the clerk's office in your local court for more details ou may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with address.				s check, or money
				pay the fee in installments. If you choose this option, sign and attach the Application for Individuals a Fee in Installments (Official Form 103A).				
	I request that my fee be waived (You may request this option only if you are filing for Chapter 7							
		app	olies to you	ur family size and you are	unable to pay	the fee in install	me is less than 150% of the offic ments). If you choose this option m 103B) and file it with your peti	n, you must fill out
9. Have you filed for No.								
	bankruptcy within the last 8 years?	Yes.						
			District	san diego	When	8/30/01	Case number	
			District		When		Case number	
			District		When		Case number	
	Are ony bankruntov							
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor	-			Relationship to you	
			District		When		Case number, if known	
			Debtor				Relationship to you	
			District		When		Case number, if known	
11.	Do you rent your	□ No.	Go to li	ine 12.				
	residence?	Yes.	Has yo	our landlord obtained an e	viction judgm	ent against you?		
		<b>—</b> 163.	•	No. Go to line 12.				
			_		ment About ar	Eviction Judgme	ent Against You (Form 101A) an	d file it with this
				.1 1				

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 4 of 62

Deb	tor 1 Jennifer Nicole Pe	epin			Case number (if known)
Part	Report About Any Bu	sinesses	You Owi	າ as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	e and location of busi	ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	per, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to ed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor e choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operation of low statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 Us(1)(B).		
	For a definition of small	■ No.	I am	not filing under Chapt	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t Code		1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.	I am t	filing under Chapter 1 se to proceed under (	1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Part	Report if You Own or	Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Jennifer Nicole Pepin

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 6 of 62

Deb	otor 1 _Jennifer Nicole Pe	epin		Case number (if known)					
Par	t 6: Answer These Quest	ions for Repo	rting Purposes						
	What kind of debts do you have?			mer debts? Consumer debts are d family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an				
			No. Go to line 16b.						
		•	Yes. Go to line 17.						
				ess debts? Business debts are debt nt or through the operation of the b					
			No. Go to line 16c.						
			Yes. Go to line 17.						
		16c. Sta	ate the type of debts you owe th	at are not consumer debts or busir	ness debts				
17.	Are you filing under Chapter 7?	□ No. Ia	m not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?						
	administrative expenses are paid that funds will be available for		No						
			Yes						
	distribution to unsecured creditors?								
18.	How many Creditors do you estimate that you owe?	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000				
		□ 50-99		☐ 5001-10,000	50,001-100,000				
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000	☐ More than100,000				
19.	How much do you	<b>\$0 - \$50,0</b>	100	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	estimate your assets to be worth?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
				□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion				
		<b>—</b> \$500,001	- \$1 Hillion						
20.	How much do you estimate your liabilities	<b>\$0 - \$50,0</b>	000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
	to be?	\$50,001	*	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion				
		□ \$100,001 □ \$500,001		□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
Par	t 7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
					ele, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.				
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).									
		I request relie	ef in accordance with the chapte	er of title 11, United States Code, s	pecified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection wit bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 134 and 3571.							
		/s/ Jennife Jennifer N	Nicole Pepin	Signature of Del	otor 2				
		Signature of		- J 27 <b>- 20.</b>					
		Executed on	September 17, 2020	Executed on					
			MM / DD / YYYY		/IM / DD / YYYY				

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 7 of 62

Debtor 1 Jennifer Nicole P	epin	Case	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ted States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.	s, certify that I have no know	ledge after an inquiry that the information in the
. •	/s/ Michael G. Doan	Date	September 17, 2020
	Signature of Attorney for Debtor		MM / DD / YYYY
	Michael G. Doan 175649		
	Printed name		
	Doan Law LLP		
	Firm name		
	1930 S. Coast Highway 101 Ste-206		
	Oceanside, CA 92054		
	Number, Street, City, State & ZIP Code		
	Contact phone <b>760 450 3333</b>	Email address	mike@doanlaw.com
	175649 CA		
	Bar number & State		<del></del>

		ation to identify your					
Deb	otor 1	Jennifer Nicole P First Name	epin Middle Name	Last Name			
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name			
			SOUTHERN DISTRICT				
Uni	ted States Ban	kruptcy Court for the:	500THERN DISTRICT	OF CALIFORNIA			
	se number					Check if this is an amended filing	
Su Be a	mmary of as complete ar rmation. Fill o	nd accurate as possibut all of your schedul	ole. If two married people es first; then complete th	are filing together, both are equally responsible to the information on this form. If you are filing amend the box at the top of this page.			
Par	t 1: Summa	rize Your Assets					_
						<b>four assets</b> /alue of what you own	
1.	Schedule A/I 1a. Copy line	B: Property (Official Fo 55, Total real estate, f	orm 106A/B) rom Schedule A/B			\$0.00	)
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B			\$11,069.00	)
	1c. Copy line	63, Total of all propert	y on Schedule A/B			\$11,069.00	)
Par	t 2: Summa	rize Your Liabilities					
						Your liabilities Amount you owe	
2.	Schedule D:	Creditors Who Have C	laims Secured by Property	(Official Form 106D)	,	anount you owo	
۷.				the bottom of the last page of Part 1 of Schedule D		\$ 8,382.07	,
3.			Unsecured Claims (Official 1 (priority unsecured claim	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	)
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cl	aims) from line 6j of Schedule E/F	;	\$ 7,842.85	;
				Your total liabilities	\$_	16,224.92	
Par	t 3: Summa	rize Your Income and	Expenses				
4.		our Income (Official Fo		<i>I</i>		\$593.00	)
5.		Your Expenses (Official onthly expenses from li				\$1,649.75	;
Par	t 4: Answer	These Questions for	Administrative and Stati	stical Records			
6.	-		er Chapters 7, 11, or 13? on this part of the form. Cl	neck this box and submit this form to the court with yo	our oth	her schedules.	
7.	<ul><li>Yes</li><li>What kind of</li></ul>	f debt do you have?					
				debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159.	r a pei	rsonal, family, or	
		ebts are not primarily t with your other sched		ve nothing to report on this part of the form. Check th	is box	and submit this form to	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

### Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 9 of 62

Debtor 1 Jennifer Nicole Pepin Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Debtor 1  Debtor 2 (Spouse, if filing)	Jennifer Nicole Pep				
Debtor 2 (Spouse, if filing) United States Bar	First Name	in			
(Spouse, if filing) United States Bar		Middle Name	Last Name		
United States Bar		Middle Name	Last Name		
_	First Name	Middle Name	Last Name		
Case number _	nkruptcy Court for the: SC	OUTHERN DISTRICT OF	F CALIFORNIA		
_					☐ Check if this is an
					amended filing
Official For	rm 106A/B				
	e A/B: Prope	rtv.			40/45
			ce. If an asset fits in more than o	ne category list the asset	12/15
hink it fits best. Be nformation. If more Answer every quest	e as complete and accurate a space is needed, attach a se ion.	as possible. If two married eparate sheet to this form.	people are filing together, both a . On the top of any additional pag	re equally responsible for	supplying correct
Part 1: Describe I	Each Residence, Building, La	and, or Other Real Estate Y	ou Own or Have an Interest In		
. Do you own or h	ave any legal or equitable in	terest in any residence, bu	illding, land, or similar property?		
■ No. Go to Part	2.				
☐ Yes. Where is	the property?				
	,				
Part 2: Describe	our Vehicles				
B. Cars, vans, tru  ☐ No  ☐ Yes	icks, tractors, sport utility	y vehicles, motorcycles	•		
2.4 Makes T	oyota	Miles has an interes	at in the preparty?	Do not deduct secured	claims or exemptions. Put
	Corolla	Debtor 1 only	st in the property? Check one	,	red claims on Schedule D: laims Secured by Property.
	2015	Debtor 2 only		Current value of the	Current value of the
Approximate	e mileage: <b>7500</b>		btor 2 only	entire property?	portion you own?
Other inform	ation:	At least one of the	ne debtors and another		
		Check if this is (see instructions)	community property	\$10,000.00	\$10,000.00
. Watercraft, air			I vehicles, other vehicles, and els, snowmobiles, motorcycle a		

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Jennifer Nicole Pepin	Case number (if known)	
	chold goods and furnishings  ples: Major appliances, furniture, linens, china, kitchenware		
	s. Describe		
			****
	Household: bed, dresser was my gra	andma's	\$300.00
□ No	<ul> <li>onics</li> <li>ples: Televisions and radios; audio, video, stereo, and digital equincluding cell phones, cameras, media players, games</li> <li>Describe</li> </ul>	uipment; computers, printers, scanners; music collection	s; electronic devices
			¢450.00
	Electronics: tv, ipad, computer, blu-	ray player iwatch	\$150.00
Examp	tibles of value  ples: Antiques and figurines; paintings, prints, or other artwork; bother collections, memorabilia, collectibles  s. Describe	pooks, pictures, or other art objects; stamp, coin, or base	ball card collections;
	Collectibles: movies		\$200.00
	001100111100111100		•
	Johnny Depp autographed photo, be	ooks	\$75.00
□ No ■ Yes	musical instruments s. Describe		
	Misc. sports and hobby items		\$20.00
	micer operio una nessy neme		,
■ No	rms nples: Pistols, rifles, shotguns, ammunition, and related equipmes. Describe	ent	
11. <b>Cloth</b> <i>Exan</i> □ No	mples: Everyday clothes, furs, leather coats, designer wear, shoe	es, accessories	
Yes	s. Describe		
	Clothes: clothes for work and non-w	vork clothes	\$75.00
□ No	e <b>lry</b> nples: Everyday jewelry, costume jewelry, engagement rings, we s. Describe	edding rings, heirloom jewelry, watches, gems, gold, silv	er
	Jewelry: rings,and necklace		\$50.00
13. <b>Non-f</b>			\$50.00

☐ No

Yes. Describe.....

Debtor 1	Jennifer Nic	ole Pep	in	Case number (if kr	nown)
		Dog	Molo Chihushua	Doothoor	\$20.00
		Dog -	Male Chihuahua -	Rootbeer	φ20.00
■ No	other personal ar		-	ot already list, including any health aids you did not l	ist
				rt 3, including any entries for pages you have attache	d \$890.00
Part 4: D	escribe Your Finar	ncial Asse	ts.		
	wn or have any	legal or e	equitable interest in a	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No			our wallet, in your hon	ne, in a safe deposit box, and on hand when you file your	petition
				Cash	\$20.00
Exan □ No			ve multiple accounts v	unts; certificates of deposit; shares in credit unions, broke with the same institution, list each.  Institution name:  Checking Account: Frontwave Checking a Savings #5492	
		17.2.	Debit Card	Bank of America EDD debit ard	\$18.00
Exan ■ No			cly traded stocks ent accounts with brok	kerage firms, money market accounts ame:	
joint	oublicly traded so venture	tock and	interests in incorpor	rated and unincorporated businesses, including an in	terest in an LLC, partnership, and
■ No □ Yes	. Give specific in		about them me of entity:	% of ownership:	
Nego Non-i ■ No	otiable instruments	s include   nents are	personal checks, cash those you cannot tran	iable and non-negotiable instruments hiers' checks, promissory notes, and money orders. hisfer to someone by signing or delivering them.	
Exan ■ No		IRA, ERI	SA, Keogh, 401(k), 40	3(b), thrift savings accounts, or other pension or profit-sh	aring plans
⊔ Yes	. List each accour		tely. of account:	Institution name:	

Official Form 106A/B Schedule A/B: Property page 3

# Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Insurance: renters \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No

Debtor 1	Jennifer Nicole Pepin	Case number (if known)	
☐ Yes.	. Give specific information		
Exam <sub>i</sub> ■ No		ner or not you have filed a lawsuit or made a demand for payment isputes, insurance claims, or rights to sue	
34. Other	contingent and unliquidated	claims of every nature, including counterclaims of the debtor and rights to	o set off claims
□ No		, , ,	
Yes.	. Describe each claim		
		Work Comp Claim Value unknown No attorney on case Case worker is Amilia at 925-948-2248 Received \$1920 so far (4/20)	Unknown
35. Any fir	nancial assets you did not al	ready list	
■ No	·	·	
☐ Yes.	. Give specific information		
		entries from Part 4, including any entries for pages you have attached	\$179.00
Part 5: De	escribe Any Business-Related Pro	operty You Own or Have an Interest In. List any real estate in Part 1.	
37. <b>Do vou</b>	own or have any legal or equitab	ole interest in any business-related property?	
	to to Part 6.		
☐ Yes. (	Go to line 38.		
	escribe Any Farm- and Commerci you own or have an interest in farm	ial Fishing-Related Property You Own or Have an Interest In. land, list it in Part 1.	
46. <b>Do yo</b> ı	u own or have any legal or ed	quitable interest in any farm- or commercial fishing-related property?	
■ No.	. Go to Part 7.		
☐ Yes	s. Go to line 47.		
	_		
Part 7:	Describe All Property You Ow	n or Have an Interest in That You Did Not List Above	
Exam	u have other property of any aples: Season tickets, country cl	kind you did not already list? lub membership	
■ No □ Yes.	. Give specific information		
54. <b>Add</b>	the dollar value of all of your	entries from Part 7. Write that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

## Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 15 of 62

Debtor 1	Jennifer Nicole Pepin		Case number (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. <b>Par</b>	t 1: Total real estate, line 2			\$0.00
56. <b>Par</b>	t 2: Total vehicles, line 5	\$10,000.00		
57. <b>Par</b>	t 3: Total personal and household items, line 15	\$890.00		
58. <b>Par</b>	t 4: Total financial assets, line 36	\$179.00		
59. <b>Par</b>	t 5: Total business-related property, line 45	\$0.00		
60. <b>Par</b>	t 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Par</b>	t 7: Total other property not listed, line 54	+ \$0.00		
62. <b>Tot</b>	al personal property. Add lines 56 through 61	\$11,069.00	Copy personal property total	\$11,069.00
63. <b>Tot</b>	al of all property on Schedule A/B. Add line 55 + line 62			\$11,069.00

Official Form 106A/B Schedule A/B: Property page 6

	Case 20-04631-CL7	Filed 09/17/20	Entered 09/17/20 13:43:1	B Doc 1	Pg. 16 of 62
Fill in t	this information to identify your	case:			
Debtor	1 Jennifer Nicole F	Pepin			
D - 1-1	First Name	Middle Name	Last Name		
Debtor (Spouse		Middle Name	Last Name	_	
United	States Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF CALIFORNIA		
Case n	number				
(if known					☐ Check if this is an amended filing
Be as co the properties needed case nu	omplete and accurate as possible perty you listed on <i>Schedule A/B:</i> , fill out and attach to this page as imber (if known).	e. If two married people are Property (Official Form 10 many copies of Part 2: A	claim as Exempt e filing together, both are equally respons 6A/B) as your source, list the property the dditional Page as necessary. On the top	at you claim as of any additiona	exempt. If more space is I pages, write your name and
specific any app funds– exempt	c dollar amount as exempt. Alte plicable statutory limit. Some ex -may be unlimited in dollar amo	rnatively, you may claim cemptions—such as tho ount. However, if you cla	ify the amount of the exemption you c the full fair market value of the prope se for health aids, rights to receive cer im an exemption of 100% of fair marker operty is determined to exceed that a	rty being exem tain benefits, a t value under a	pted up to the amount of and tax-exempt retirement a law that limits the
Part 1:	Identify the Property You Cl	aim as Exempt			
1. <b>W</b> h	nich set of exemptions are you	claiming? Check one only	, even if your spouse is filing with you.		
	You are claiming state and federa	ıl nonbankruptcy exemptic	ons. 11 U.S.C. § 522(b)(3)		
	You are claiming federal exemption	ons. 11 U.S.C. § 522(b)(2	2)		
2. <b>Fo</b> i	r any property you list on Sche	dule A/B that you claim a	as exempt, fill in the information below		
	ef description of the property and linedule A/B that lists this property	ne on Current value of portion you owr	• • •	n Specific	laws that allow exemption

Check only one box for each exemption.

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$5,850.00

\$300.00

\$150.00

\$200.00

\$75.00

Official Form 106C

books

Copy the value from Schedule A/B

\$10,000.00

\$300.00

\$150.00

\$200.00

\$75.00

Johnny Depp autographed photo,

2015 Toyota Corolla 75000 miles

Household: bed, dresser was my

Electronics: tv, ipad, computer,

Line from Schedule A/B: 3.1

Line from Schedule A/B: 6.1

**blu-ray player iwatch** Line from *Schedule A/B*: **7.1** 

Collectibles: movies

Line from Schedule A/B: 8.1

Line from Schedule A/B: 8.2

grandma's

C.C.P. § 703.140(b)(2)

C.C.P. § 703.140(b)(3)

C.C.P. § 703.140(b)(3)

C.C.P. § 703.140(b)(5)

C.C.P. § 703.140(b)(3)

			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Ame	ount of the exemption you claim	Specific laws that allow exempti
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Misc. sports and hobby items	\$20.00		\$20.00	C.C.P. § 703.140(b)(5)
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
Clothes: clothes for work and non-work clothes	\$75.00		\$75.00	C.C.P. § 703.140(b)(3)
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
Jewelry: rings,and necklace Line from Schedule A/B: 12.1	\$50.00		\$50.00	C.C.P. § 703.140(b)(4)
			100% of fair market value, up to any applicable statutory limit	
Dog - Male Chihuahua - Rootbeer Line from Schedule A/B: 13.1	\$20.00		\$20.00	C.C.P. § 703.140(b)(3)
			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	C.C.P. § 703.140(b)(5)
			100% of fair market value, up to any applicable statutory limit	
Checking and Savings: Checking Account: Frontwave Checking and	\$141.00		\$141.00	C.C.P. § 703.140(b)(5)
Savings #5492 Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Debit Card: Bank of America EDD debit ard	\$18.00		\$0.00	C.C.P. § 703.140(b)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Work Comp Claim Value unknown	Unknown			C.C.P. § 703.140(b)(10)(C
No attorney on case Case worker is Amilia at 925-948-2248 Received \$1920 so far (4/20) Line from Schedule A/B: 34.1		•	100% of fair market value, up to any applicable statutory limit	
Work Comp Claim	Unknown		\$30,462.00	C.C.P. § 703.140(b)(5)
Value unknown No attorney on case Case worker is Amilia at 925-948-2248 Received \$1920 so far (4/20) Line from Schedule A/B: 34.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Fill ir	this informatio	n to identify you	ır case:				
Debte	or 1 <b>J</b> (	ennifer Nicole	Pepin				
		rst Name	•	Last Name			
Debto (Spous		rst Name	Middle Name	Last Name			
	d States Bankrup	otcy Court for the	SOUTHERN DISTRICT OF CAL	IFORNIA			
Case (if know	number						k if this is an
Sch		Creditors	Who Have Claims S			y	12/15
is nee			If two married people are filing together out, number the entries, and attach it to				
1. Do a	any creditors have	claims secured by	y your property?				
	No. Check this	box and submit t	his form to the court with your other s	chedules. Yo	u have nothing else to	report on this form.	
	Yes. Fill in all o	f the information	below.				
Part	1: List All Sec	cured Claims					
2. Lis	t all secured claim	s. If a creditor has i	more than one secured claim, list the credi	tor separately	Column A	Column B	Column C
			s a particular claim, list the other creditors in cal order according to the creditor's name.		Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Toyota Financ Services	cial	Describe the property that secures the	e claim:	\$8,382.07	\$10,000.00	\$0.00
	Creditor's Name		2015 Toyota Corolla 75000 mi	les			
	Attn: Bankrup Po Box 8026 Cedar Rapids		As of the date you file, the claim is: Chapply.  Contingent	neck all that			
-	Number, Street, City, S	State & Zip Code	☐ Unliquidated				
Who	owes the debt?	Check one.	☐ Disputed  Nature of lien. Check all that apply.				
_	ebtor 1 only ebtor 2 only		An agreement you made (such as mo car loan)	ortgage or secu	ured		
□ De	ebtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mech	anic's lien)			
■ At	least one of the del	btors and another	☐ Judgment lien from a lawsuit				
	neck if this claim re ommunity debt	elates to a	Other (including a right to offset)	Auto Lien			
Date (	debt was incurred	Opened 03/17 Last Active 8/11/19	Last 4 digits of account numbe	<sub>r</sub> 0001			
						1	
		-	olumn A on this page. Write that number the dollar value totals from all pages.	er here:	\$8,38 \$8,38		

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in f					
	this information to identify you	ur case:			
Debtor	Jennifer Nicole	Pepin			
	First Name	Middle Name Last N	ime		
Debtor		Middle Norse Loot N			
(Spouse	if, filing) First Name	Middle Name Last N	ime		
United	States Bankruptcy Court for the	SOUTHERN DISTRICT OF CALIFOR	NIA		
Casan	number				
(if known)					Check if this is an
					amended filing
o					
	ial Form 106E/F				
<u>Sche</u>	edule E/F: Creditors	Who Have Unsecured Clair	ns		12/15
Schedul Schedul eft. Atta	le G: Executory Contracts and Une le D: Creditors Who Have Claims S	ses that could result in a claim. Also list execu- expired Leases (Official Form 106G). Do not in secured by Property. If more space is needed, page. If you have no information to report in a	clude any creditors with pa copy the Part you need, fil	artially secured claims I it out, number the er	s that are listed in stries in the boxes on the
Part 1:	List All of Your PRIORITY	Unsecured Claims			
1. Do	any creditors have priority unsecu	ured claims against you?			
	No. Go to Part 2.				
	Yes.				
	No. You have nothing to report in thi Yes.	is part. Submit this form to the court with your other	er schedules.		
4. List	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separar none creditor holds a particular claim	is part. Submit this form to the court with your other claims in the alphabetical order of the credit ately for each claim. For each claim listed, identify n, list the other creditors in Part 3.If you have more	or who holds each claim. If what type of claim it is. Do r	ot list claims already in	cluded in Part 1. If more
4. List uns that	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separar none creditor holds a particular claim	I claims in the alphabetical order of the credite tely for each claim. For each claim listed, identify	or who holds each claim. If what type of claim it is. Do r	ot list claims already in	cluded in Part 1. If more
4. List uns that	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular clain t 2.	I claims in the alphabetical order of the credite tely for each claim. For each claim listed, identify	or who holds each claim. If what type of claim it is. Do n e than three nonpriority unse	ot list claims already in	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa none creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name	d claims in the alphabetical order of the credite tely for each claim. For each claim listed, identify n, list the other creditors in Part 3.If you have mo	or who holds each claim. If what type of claim it is. Do ne than three nonpriority unse	oot list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa in one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy	d claims in the alphabetical order of the credity stely for each claim. For each claim listed, identify n, list the other creditors in Part 3.If you have more that the control of the creditors in Part 3.If you have more	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset and the organization of the organ	oot list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125	d claims in the alphabetical order of the credite tely for each claim. For each claim listed, identify n, list the other creditors in Part 3.If you have mo	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset and the organization of the organ	oot list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218	d claims in the alphabetical order of the credity stely for each claim. For each claim listed, identify in, list the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 3.If you have more than the other creditors in Part 4.If you have more than the other creditors in Part 4.If you have the other creditors in	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset that the beautiful of the beauti	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125	d claims in the alphabetical order of the credite stely for each claim. For each claim listed, identify n, list the other creditors in Part 3.If you have more that the other creditors in Part 3.If you have more that the digits of account number when was the debt incurred that the digits of the date you file, the date you file you file, the date you file, the	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset that the beautiful of the beauti	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa none creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or	Last 4 digits of account numbers As of the date you file, the	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset that the beautiful of the beauti	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separan one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or	Last 4 digits of account numbers when was the debt incurred as of the date you file, the date.  Contingent	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset that the beautiful of the beauti	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separan one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or  Debtor 1 only  Debtor 2 only	Last 4 digits of account numbers.  When was the debt incurred.  As of the date you file, the office.  Contingent Unliquidated	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unset that the beautiful of the beauti	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	Last 4 digits of account numbers.  When was the debt incurre.  As of the date you file, the one.  Contingent Unliquidated Disputed	or who holds each claim. If what type of claim it is. Do re than three nonpriority unset that the polynomial of the poly	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separan one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and	Last 4 digits of account numbers.  When was the debt incurre.  As of the date you file, the one.  Contingent Unliquidated Disputed Type of NONPRIORITY uns	or who holds each claim. If what type of claim it is. Do re than three nonpriority unset that the polynomial of the poly	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	Last 4 digits of account numbers.  When was the debt incurre.  As of the date you file, the one.  Contingent Unliquidated Disputed Type of NONPRIORITY uns	or who holds each claim. If what type of claim it is. Do re than three nonpriority unserniber 0944  Opened 10/16 9/17/19  Claim is: Check all that apply ecured claim:	not list claims already in ecured claims fill out the	cluded in Part 1. If more Continuation Page of Total claim
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check or Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a co	Last 4 digits of account numbers.  When was the debt incurre.  As of the date you file, the one.  Contingent Unliquidated Disputed Type of NONPRIORITY unsommunity  Student loans Obligations arising out of report as priority claims	or who holds each claim. If what type of claim it is. Do not be than three nonpriority unserties a separation agreement or design to the claim. If what type of claim is the c	Last Active	cluded in Part 1. If more e Continuation Page of
4. List uns that Par	Yes.  It all of your nonpriority unsecured secured claim, list the creditor separa n one creditor holds a particular claim t 2.  Comenity Bank/Torrid  Nonpriority Creditor's Name  Attn: Bankruptcy  Po Box 182125  Columbus, OH 43218  Number Street City State Zip Code  Who incurred the debt? Check or  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and  Check if this claim is for a codebt	Last 4 digits of account numbers.  When was the debt incurre.  As of the date you file, the one.  Contingent Unliquidated Disputed Type of NONPRIORITY uns Obligations arising out of	or who holds each claim. If what type of claim it is. Do re than three nonpriority unserning the course of the cou	Last Active	cluded in Part 1. If more Continuation Page of Total claim

Debtor	1 Jennifer Nicole Pepin		Case number (if known)	
4.2	Customer Relations	Last 4 digits of account number	6844	\$221.00
	Nonpriority Creditor's Name Speedy Cash P.O. Box 780408 Wichita, KS 67278-0408	When was the debt incurred?	09/25/2019	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Loan		
4.3	NetPay Advance	Last 4 digits of account number	0920	\$300.00
	Nonpriority Creditor's Name 6820 W Central Ave Wichita, KS 67212	When was the debt incurred?		
-	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Loan		
4.4	Notice Only	Last 4 digits of account number		\$0.00
	Nonpriority Creditor's Name Trans Union PO Box 1000	When was the debt incurred?		
	Crum Lynne, PA 19022  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify Notice Only	,	

Debtor 1 Jennifer Nicole Pepin		Case number (if known)				
4.5	Notice Only Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00			
	Equifax PO Box 740241	When was the debt incurred?				
	Atlanta, GA 30374-0241  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Notice Only				
4.6	Notice Only Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00			
	Experian PO Box 9701	When was the debt incurred?				
	Allen, TX 75013-2104					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	☐ Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Notice Only				
4.7	Notice Only	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name Chex Systems, Inc.	When was the debt incurred?				
	7805 Hudson Road, Suite 100 Woodbury, MN 55125					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Notice Only				

Debtor	Jennifer Nicole Pepin	Case number (if known)				
4.8	San Diego County Credit Union	Last 4 digits of account number	0990	\$275.85		
	Nonpriority Creditor's Name PO Box 261209	When was the debt incurred?	10/29/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Overdraft				
4.9	Sherman Originators III, LLC Nonpriority Creditor's Name	Last 4 digits of account number	2733	\$279.00		
	POB 10497 Greenville, SC 29603	When was the debt incurred?	Opened 04/18 Last Active 9/12/19			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ Debtor 1 and Debtor 2 only					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	■ Other. Specify Collections				
4.1	Speedy Cash	Last 4 digits of account number	6844	\$221.00		
	Nonpriority Creditor's Name P.O Box 780408	When was the debt incurred?	10/11/2019			
	Wichita, KS 67278  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	_					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Loan				
		- Other Specify				

Debto	Jennifer Nicole Pepin	Case number (if known)				
4.1 1	Sterling Jewelers/Kay Jewelers	Last 4 digits of account number	0913	\$1,095.00		
	Nonpriority Creditor's Name Attn: Bankruptcy 375 Ghent Rd Akron, OH 44333	When was the debt incurred?	Opened 02/17 Last Active 7/12/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.1	Synchrony Bank/Amazon Nonpriority Creditor's Name	Last 4 digits of account number	8164	\$2,171.00		
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 05/16 Last Active 9/12/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims				
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Charge Acc	count			
4.1	Synchrony Bank/Care Credit  Nonpriority Creditor's Name	Last 4 digits of account number	5823	\$1,548.00		
	Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 02/16 Last Active 7/26/19			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharin				
	☐ Yes	Other. Specify Charge Acc	count			

Official Form 106 E/F

Debtor	Jennifer Nicole Pepin		Case number (if known)	
4.1	TRS Recovery Services Inc.	Last 4 digits of account number	9359	\$31.00
	Nonpriority Creditor's Name PO Box 60022	When was the debt incurred?	9/12/2019	-
	City of Industry, CA 91716-0022  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	■ Other Specify Medical - C	• •	
4.1	Valentina 9 Kabartaa		9063	¢270.00
5	Valentine & Kebartas  Nonpriority Creditor's Name	Last 4 digits of account number	8062	\$279.00
	P.O. Box 325 Lawrence, MA 01842	When was the debt incurred?	1/29/2020	-
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Synchrony	Bank/ LVNV Funding LLC	-
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed		
is tryii have r	is page only if you have others to be notified ng to collect from you for a debt you owe to s nore than one creditor for any of the debts the d for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency	y here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did you	3	
Come	=	_	Part 1: Creditors with Priority Unsecured Clai	
_	bus, OH 43218-2273	-	Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number	0944	
	nd Address nity-Torrid	On which entry in Part 1 or Part 2 did you Line <b>4.1</b> of (Check one):	list the original creditor?  Part 1: Creditors with Priority Unsecured Clai	
	x 659584		Part 1: Creditors with Phonty Onsecured Clair Part 2: Creditors with Nonpriority Unsecured	
San A	ntonio, TX 78265			Claims
		Last 4 digits of account number	0944	
	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	Asset Management LLC		Part 1: Creditors with Priority Unsecured Clai	
3100 E Suite 7	Breckinridge Blvd. 725		Part 2: Creditors with Nonpriority Unsecured	Claims
	n, GA 30096			
		Last 4 digits of account number	0944	
Name ar	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
D&A S	Services LLC E Touhy Ave Ste G2	_ · _	Part 1: Creditors with Priority Unsecured Clair	ims

Official Form 106 E/F

Dos Plaines, IL 60018    Last 4 digits of account number   Part 2 did you list the original creditor?   First Source   Part 2 did you list the original creditor?   Part 1 centers with Nonpriority Unsecured Claims   Part 2 did you list the original creditor?   Part 3 did you list the original creditor?   Part 2 did you list the original creditor?   Part 3 did you list the original creditor?   Part 3 did you list the original creditor?   Part 3 did you list the original creditor?   Part 4 did you list the original creditor?   Part 5 decisions with Nonpriority Unsecured Claims   Part 5 did you list the original creditor?   Part 5 decisions with Nonpriority Unsecured Claims   Part 5 decisions with Priority Unsecured Claims   Part 5 decisions with Nonpriorit	Debtor 1 _ <b>J</b>	ennifer Nicole Pepin		Case number (if known)			
Eirst Source 205 Bryant Woods South Buffalo, NY 1428  Last 4 digits of account number  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 3: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 3: Creditors with Nonpriority Unsecured Claims  Part 4: Creditors with Nonpriority Unsecured Claims  Part 5: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with N	Des Plaine	es, IL 60018	Last 4 digits of account number			Nonpriority Unsecured Claims	
Last ad digits of account number   2733,4016	First Sour 205 Bryan	ce t Woods South		☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Genesis FS Card Services POB 23013 Columbus, GA 31902-3013 Last 4 digits of account number  Name and Address Genesis FS Card Services POB 4480 Beaverton, OR 97076 Last 4 digits of account number  Name and Address Genesis FS Card Services POB 4480 Beaverton, OR 97076 Last 4 digits of account number  Name and Address Genesis FS Card Services POB 32013 Columbus, GA 31902  Name and Address Genesis FS Card Services POB 23013 Columbus, GA 31902  Name and Address Portfolio Recovery Associates POB 52013 Port 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number  Name and Address Specty Cash Part 3: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number  Name and Address Specty Cash Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number  Name and Address Specty Cash Part 3: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number  Name and Address Specty Cash Part 3: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Add the Amounts for Each Type of Unsecured Claims Part 4: Add the Amounts for Each Type of Un	Buttalo, N	Y 14228	Last 4 digits of account number	27	33,4016		
Genesis FS Card Services POB 4480 Beaverton, OR 97076  Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  2733  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  2733  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  2733  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of acco	Genesis F POB 2301	S Card Services 3	Line 4.11 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Genesis FS Card Services POB 23013 Columbus, GA 31902  Last 4 digits of account number  Name and Address POB 23541  Name and Address Sherman Originators III, LLC POB 10497 Greenville, SC 29603  Speedy Cash Po Box 101928 Dept 2280 Birmingham, AL 35210  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Draft 1: Creditors with Priority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Draft 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Last 4 digits of account number  Draft 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Draft 2: Creditors with Nonpriority Unsecured Claims  Draft 2: Creditors with Nonpriority Unsecured Claims  Draft 2: Creditors with Nonpriority Unsecured Claims  Draft 3: Creditors with Nonpriority Unsecured Claims  Draft 3: Creditors with Nonpriority Unsecured Claims  Draft 3: Creditors with Nonpriority Unsecured Claims  Draft 4: Add the Amounts for Each Type of Unsecured Claims  Draft 4: Add the Amounts for Each Type of Unsecured Claims  Total Claim  Each 4 digits of account number  Each 5 0.000	Genesis F POB 4480	S Card Services	Line 4.11 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541  Last 4 digits of account number  Name and Address Sherman Originators III, LLC POB 10497 Greenville, SC 29603  Name and Address Speedy Cash Po Box 101928 Dept 2280 Birmingham, AL 35210  Last 4 digits of account number  Name and Address Synchrony Bank POB 965064  Orlando, FL 32896-5064  Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Synchrony Bank POB 965064  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Fart 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims.  Total Claim  6a. Domestic support obligations	Genesis F POB 2301	S Card Services 3	Line 4.11 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Sherman Originators III, LLC POB 10497 Greenville, SC 29603  Last 4 digits of account number  Name and Address Speedy Cash Po Box 101928 Dept 2280 Birmingham, AL 35210  Name and Address Synchrony Bank POB 965064 Orlando, FL 32896-5064  Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims.  Total	Portfolio I PO Box 12	Recovery Associates 2914	Line 4.13 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Speedy Cash Po Box 101928 Dept 2280 Birmingham, AL 35210  Last 4 digits of account number  Name and Address Synchrony Bank POB 965064 Orlando, FL 32896-5064  Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims. Total	Sherman POB 1049	Originators III, LLC 7	Line 4.9 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
Synchrony Bank POB 965064 Orlando, FL 32896-5064  Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims.  6a. Domestic support obligations  Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  5823  Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$ 0.00	Speedy Control Po Box 10 Dept 2280	ash 11928	Line 4.10 of (Check one):	☐ Part 1: 0	Creditors with I	Priority Unsecured Claims	
6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$  0.00  Total	Synchrony Bank POB 965064		Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
6a. Domestic support obligations 6a. \$ 0.00	6. Total the a	mounts of certain types of unsecured		ical reporting		,	
from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$ 0.00	claims				\$	0.00	

				Iot	al Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Tot	al Claim

nnifer l	Nicole Pepin	Case n		
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	7,842.85
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	7,842.85
	6f. 6g. 6h. 6i.	<ul> <li>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>6h. Debts to pension or profit-sharing plans, and other similar debts</li> <li>6i. Other. Add all other nonpriority unsecured claims. Write that amount here.</li> </ul>	6f. Student loans  6f. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other similar debts  6h. Other. Add all other nonpriority unsecured claims. Write that amount here.  6f.	6f. Student loans  6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  6h. Debts to pension or profit-sharing plans, and other similar debts  6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

Fill in this infor	mation to identify your	case:		
Debtor 1	Jennifer Nicole P			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF CALIFORNIA	
Case number (if known)				☐ Check if this is a amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Deborah Warner4199 Galbar St.OceansideOceanside, CA 92056

Landlord - Rental - No deposit

Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 28 of 62

Fill in this	information to identify your	case:			
Debtor 1	Jennifer Nicole P	epin			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
	ites Bankruptcy Court for the:	SOUTHERN DISTRICT OF	E CALIEODNIA		
Officed Sta	ites Barikruptcy Court for the.	300 ITIENN DISTRICT OF	CALII ORIVIA		
Case num	ber				Charlett this is an
(ii Kilowii)					Check if this is an amended filing
					Ŭ
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
people are fill it out, a	filing together, both are equ	ally responsible for supplyi boxes on the left. Attach the	ng correct information	on. If more space is a	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case, do	not list either spouse a	s a codebtor.	
☐ No					
■ Yes	3				
Arizor	hin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3.  B. Did your spouse, former spouse.	Nevada, New Mexico, Puert	o Rico, Texas, Washin		
	_				
	■ No				
	☐ Yes.				
	In which community state	e or territory did you live?	-NONE-	. Fill in the name a	nd current address of that person.
	Name of your spouse, former spouse, Number, Street, City, State & Zip	ouse, or legal equivalent o Code			
in line Form	2 again as a codebtor only i	f that person is a guarantor	or cosigner. Make si	ure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	IP Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
	Theodore Marioncelli 219 Oleander St. Oceanside, CA 92057 Uncle			■ Schedule D, I □ Schedule E/F □ Schedule G _ Toyota Financia	, line

Official Form 106H Software Copyright (c) 1996-2020 Best Case, LLC - www.bestcase.com

Fill	in this information to identify your c	95e.				I				
	otor 1 <b>Jennifer Nic</b>									
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF CALIFORNIA							
(If kr	se number		-				nended oplemen	t showing	g postpetition ollowing date:	
_	fficial Form 106l chedule I: Your Inc					MM /	DD/ YY	YY		12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **T1: Describe Employment**	are married and not filing w	ng jointly, and your ith you, do not inclu	spouse i	s liv	ing with you on about you	ı, includ ur spou	le inforn se. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.	Fill in your employment		Debtor 1			btor 2 o	or non-fil	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed  ■ Not employed				Employ Not emp			
	employers.  Include part-time, seasonal, or self-employed work.	Occupation  Employer's name	Unemployment							
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write \$0	in the sp	pace. Inc	clude your noi	n-filing
•	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	oyers for that	person	on the lir	nes below. If y	you need
						For Debtor	1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	(	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	(	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.0	00	\$	N/A	

Debt	tor 1	Jennifer Nicole	e Pepin	_	C	Case number (if ki	nown)				
						For Debtor 1			Debtor filing s	2 or spouse	
	Cop	y line 4 here		4.		\$ (	0.00	\$	9	N/A	
5.	List	all payroll deduct									
٥.	5a.		and Social Security deductions	5a	<b>a</b>	\$	0.00	\$		N/A	
	5b.	•	tributions for retirement plans	5b		·	0.00	\$ 		N/A	
	5c.	•	ibutions for retirement plans	50		·	0.00	\$		N/A	
	5d.		ments of retirement fund loans	50		<u> </u>	0.00	\$		N/A	
	5e.	Insurance		5e	€.	\$	0.00	\$		N/A	
	5f.	Domestic supp	ort obligations	5f.		\$	0.00	\$		N/A	
	5g.	Union dues		50	J.	\$	0.00	\$		N/A	
	5h.	Other deduction	ns. Specify:	5h	1.+	\$	0.00	+ \$		N/A	
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	\$		N/A	
7.	Cal	culate total month	ly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$		N/A	
8.	List 8a.	Net income from profession, or fattach a statement	regularly received: n rental property and from operating a business, arm ent for each property and business showing gross y and necessary business expenses, and the total								
		monthly net inco		8a	<b>a</b> .	\$	0.00	\$		N/A	
	8b.	Interest and div		8b	).	\$	0.00	\$		N/A	
	8c.	regularly receiv Include alimony,	payments that you, a non-filing spouse, or a depender e spousal support, child support, maintenance, divorce property settlement.	<b>nt</b> 80	<b>)</b> .	\$	0.00	\$		N/A	
	8d.	Unemployment		80	d.		3.00	\$		N/A	
	8e.	Social Security		86	€.	\$	0.00	\$		N/A	
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistand such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	ce 8f		\$	0.00	\$		N/A	
	8g.	Pension or retir	rement income	8g	<b>J</b> .	\$	0.00	\$		N/A	
	8h.	Other monthly i	income. Specify:	8h	1.+	\$	0.00	+ \$		N/A	
9.	Add	l all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	593	3.00	\$		N/A	
10.			come. Add line 7 + line 9.  10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	593.00	+ \$		N/A	= \$	593.00
11.	Incl othe Do	ude contributions fr er friends or relative	r contributions to the expenses that you list in <i>Schedu</i> om an unmarried partner, members of your household, you is. Sounts already included in lines 2-10 or amounts that are no	ur depe						e J. +\$	0.00
12.		te that amount on th	e last column of line 10 to the amount in line 11. The rene Summary of Schedules and Statistical Summary of Cert						12.	\$	593.00
13.	_	• •	rease or decrease within the year after you file this for	m?						Combin monthly	ed income
		No.			<b>.</b>						
		Yes. Explain:	Decrease in unemployment since no longer get reduced. Looking for work.	tting \$	<b>60</b> 0	u per week /	FDD	incom	e kee	ps being	J

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Jennifer Nic	ole Pepir	1		Ch	eck if this is:	
					_		An amended filing	
	tor 2 ouse, if filing)							wing postpetition chapter fthe following date:
(Орс	Juse, ii iiiiig)							the following date.
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF CALIF	FORNIA		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	orm 106J						
So	chedule	J: Your	Exper	ises				12/1
Be a	as complete ormation. If r	and accurate as	possible eded, atta	. If two married people ar ch another sheet to this				
		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go t	o line 2. <b>es Debtor 2 live</b> i	in a senar	ate household?				
			iii a sepai	ate mousemola.				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	ebtor 2.	
2.	Do you hav	ve dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents	names.						Yes
								□ No □ Yes
								. □ res □ No
								☐ Yes
								□ No
								☐ Yes
3.		penses include of people other t	<b>■</b> han	No				
		nd your depende		Yes				
Par	t 2: Estin	nate Your Ongoi	na Month	v Fxnenses				
Est exp	imate your e	expenses as of year	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the	value of suc	ch assistance an	non-cash d have ind	government assistance it	f you know Your Income		v	
(Off	ficial Form 1	061.)					Your exp	Denses
4.		or home owners and any rent for the		ses for your residence. In	nclude first mortgage	4.	\$	200.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	•	erty, homeowner's	-			4b.	*	24.84
		e maintenance, re				4c.	·	0.00
5		eowner's associat		dominium dues <b>our residence</b> , such as ho	me equity loans	4d. 5.		0.00
· .								

ebtor 1	Jennifer Nicole Pepin	Case num	ber (if known)	
Util	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	40.00
6d.	Other. Specify:	6d.	\$	0.00
Foo	d and housekeeping supplies		\$	300.00
	dcare and children's education costs	8.	\$	0.00
_	thing, laundry, and dry cleaning	9.	\$	100.00
	sonal care products and services	10.	\$	99.00
	lical and dental expenses	11.	\$	97.00
	nsportation. Include gas, maintenance, bus or train fare.			37.00
	not include car payments.	12.	\$	165.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ritable contributions and religious donations	14.	\$	0.00
Ins	ırance.			
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
150	Vehicle insurance	15c.	\$	183.00
150	. Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	— 16.	\$	0.00
	allment or lease payments:		<u> </u>	0.00
	. Car payments for Vehicle 1	17a.	\$	287.91
	Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	— 17d.	·	0.00
	ir payments of alimony, maintenance, and support that you did not report as	'''	Ψ	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
	cify:	19.		
Oth	er real property expenses not included in lines 4 or 5 of this form or on Sched	lule I: Yo	our Income.	
	. Mortgages on other property	20a.		0.00
20b	. Real estate taxes	20b.	\$	0.00
200	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20c	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	. Homeowner's association or condominium dues	20e.	\$	0.00
	er: Specify: Pet food and grooming / vet costs	21.	·	73.00
	sonal hygiene/ haircuts		+\$	50.00
	n membership	_	+\$	30.00
Gу	ıı memberənih	_	- Ψ	30.00
Cal	culate your monthly expenses			
22a	. Add lines 4 through 21.		\$	1,649.75
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	· · · · · · · · · · · · · · · · · · ·
	Add line 22a and 22b. The result is your monthly expenses.		\$	1,649.75
Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	593.00
	Copy your monthly expenses from line 22c above.	23b.		1,649.75
201	. Copy your monthly expended from the 220 above.	200.		1,043.73
	Subtract your monthly expenses from your monthly income.			
230			\$	-1,056.75

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

■ Yes. Explain here: Mother helps support debtor. Expenses at a minimum while unemployed.

Fill in this in	formation to identify your	case:			
Debtor 1	Jennifer Nicole P				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United Otata	David workers Casset face the as	COLITUEDNI DICTDIC	T OF CALIFORNIA		
United States	Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF CALIFORNIA		
Case number	r				
(if known)					☐ Check if this is an
					amended filing
Official Fo	orm 106Dec				
		n Individua	l Dobtorio Co	hadulaa	
Deciai	ation About a	in individua	i Deptor S 30	nedules	12/15
	d people are filing together this form whenever you fi				ent, concealing property, or
obtaining mo	ney or property by fraud in	n connection with a bar			or imprisonment for up to 20
years, or boti	h. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.			
	Sign Below				
Did you	pay or agree to pay some	one who is NOT an atto	orney to help you fill out b	pankruptcy forms?	
■ No					
-					
☐ Ye	s. Name of person				otcy Petition Preparer's Notice, ad Signature (Official Form 119)
				Doolaration, an	a dignature (dindici i dini i re)
	enalty of perjury, I declare	that I have read the sur	mmary and schedules file	ed with this declaration a	ind
X /s/.	Jennifer Nicole Pepin		Х		
	nifer Nicole Pepin		Signature of	Debtor 2	
	ature of Debtor 1		-		
Date	September 17, 2020		Date		
Dale	September 17, 2020		Date		

	Lin Abia inform	ration to identify you				
		nation to identify you				
De	ebtor 1	Jennifer Nicole I	Pepin  Middle Name	Last Name		
1 -	ebtor 2		M: 1 H M			
.	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	hkruptcy Court for the:	SOUTHERN DISTRICT C	OF CALIFORNIA		
	nse number				-	Check if this is an amended filing
	fficial For		Affairs for Indivic	luals Filing for B	ankruptcy	4/19
info	ormation. If me	ore space is needed, ). Answer every que	ble. If two married people a attach a separate sheet to stion. arital Status and Where You	this form. On the top of any		
1.		current marital statu		Lived Belove		
	_	our one marker state				
	<ul><li>☐ Married</li><li>■ Not married</li></ul>	ried				
•			Bardanashan athar than	alama aran Baranan O		
2.	During the la	ist 3 years, nave you	lived anywhere other than	wnere you live now?		
	□ No					
	■ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there
	735 e linco escondido	oln ave , CA 92026	From-To: <b>4/2018 - 9/201</b> 9	☐ Same as Debtor	I	☐ Same as Debtor 1 From-To:
<b>3.</b> stat	tes and territorie	es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev medule H: Your Codebtors (Of	vada, New Mexico, Puerto R		
Pa	rt 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota If you are filin	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	ill businesses, including part	time activities.	ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,430.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

De	ebtor 1 Je	ennifer Nico	ole Pepin		Cas	e number (if known)	
				Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	r last cale anuary 1 to	ndar year: December 3	31, 2019 )	■ Wages, commissions, bonuses, tips	\$12,930.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
Fo (Ja	r the caler anuary 1 to	ndar year befo December 3	ore that: 31, 2018 )	■ Wages, commissions, bonuses, tips	\$9,367.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	winnings.  List each  No	If you are filin	ng a joint cas	e and you have income that	rest; dividends; money collec you received together, list it c stely. Do not include income t	only once under Debtor 1.	and gambling and lottery
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
		y 1 of curren filed for banl		unemployment	\$9,512.00		
				stimulas	\$1,200.00		
				work comp	\$1,920.00		
				food stamps	\$573.00		
		ndar year befo December 3		Work Comp	\$1,903.00		
Pa	rt 3: Lis	st Certain Pay	ments You	Made Before You Filed for	Bankruptcy		
			,				
6.	Are eithe ☐ No.	Neither De	btor 1 nor D	's debts primarily consume bebtor 2 has primarily const personal, family, or househo	umer debts. Consumer debt	s are defined in 11 U.S.C. §	101(8) as "incurred by an
		During the 9	90 days befo Go to line 7		id you pay any creditor a tota	I of \$6,825* or more?	
		☐ Yes	paid that cre not include	editor. Do not include paymer payments to an attorney for t	id a total of \$6,825* or more ints for domestic support oblights bankruptcy case.	ations, such as child suppor	t and alimony. Also, do
	<b>.</b>				s after that for cases filed on	or after the date of adjustme	nt.
	■ Yes.			r both have primarily consure you filed for bankruptcy, d	umer debts. id you pay any creditor a tota	I of \$600 or more?	
		□ <sub>No.</sub>	Go to line 7				
		■ Yes	List below e include pay	each creditor to whom you pa	id a total of \$600 or more and obligations, such as child supp		

Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	toyota financial services p.o. box 5855 carol stream,, IL 60197	past 90 days	\$8,382.07 \$8,651.00		<ul> <li>□ Mortgage</li> <li>■ Car</li> <li>□ Credit Card</li> <li>□ Loan Repayment</li> <li>□ Suppliers or vendors</li> <li>□ Other</li> </ul>	
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpor of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including of a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	<ul> <li>Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?         List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or cus modifications, and contract disputes.     </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address	Describe the Property		oreclosed, garnis	shed, attached	I, seized, or levied?  Value of the property
11.	Explain what happened  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.					
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a

Debtor 1 **Jennifer Nicole Pepin** 

Case number (if known)

Pa	rt 5: List Certain Gifts and Contribution	ıs			
			, did you give any gifts with a total value of more tl	han \$600 per person?	?
	Gifts with a total value of more than \$60 per person		Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	■ No		, did you give any gifts or contributions with a tota	l value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co				
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses	٠,			
15.	Within 1 year before you filed for bankrup or gambling?  ■ No □ Yes. Fill in the details.	iptcy o	or since you filed for bankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster
	Describe the property you lost and how the loss occurred	Includ	cribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	rt 7: List Certain Payments or Transfers	S			
16.	consulted about seeking bankruptcy or p	prepa	did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y	⁄ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Doan Law Firm 1930 S Coast Hwy Ste-206 Oceanside, CA 92054 doanlaw.com		\$1,299.00 Attorney Fees \$335.00 Filing Fee \$150.00 Credit Report and credit counseling courses	10/19-8/20	\$1,784.00
17.	Within 1 year before you filed for bankrupromised to help you deal with your cred Do not include any payment or transfer that	ditors		or transfer any prope	rty to anyone who
	■ No □ Yes Fill in the details.				
	Yes. Fill in the details.  Person Who Was Paid		Description and value of any property	Date navment	Amount of
	Address		transferred	Date payment or transfer was made	payment

Debtor 1 **Jennifer Nicole Pepin** 

No	t: l:	Vithin 2 years before you filed for bankrupt ransferred in the ordinary course of your benclude both outright transfers and transfers mandled gifts and transfers that you have alread	usiness or financial aff ade as security (such as	fairs? the granting of a s		
Person Who Received Transfer Address Person's relationship to you David Johnson 24875 Prielip R d 8912 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. Name of trust  Description and value of the property transferred  Date Transmade  Person Who Received Transfer Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Financial Institution  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill on the details.  Name of Storage Facility  Address (Numbe	_	_ ,		•••		
Address Person's relationship to you David Johnson 24875 Prielipp Rd #912 Wildomar, CA 92595 Brother  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiarry? (These are often called asset-protection devices.)  No Yes. Fill in the details. Name of frust  Description and value of the property transferred  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, of sold, moved, or transferred?  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, of sold, moved, or transferred?  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, of sold, moved, or transferred?  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, of sold, moved, or transferred?  Within 1 year before you filed for bankruptcy, were any financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes, Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  San Diego County Credit Union PO Box 261209  San Diego, CA 92196-1209  No Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.	ı	Yes. Fill in the details.				
David Johnson 24875 Prielipp Rd #912 Wildomar, CA 92595  Brother    No						Date transfer was made
## Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.)    No		Person's relationship to you				
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.)  No Yes, Fill in the details.  Name of trust  Description and value of the property transferred  Date Transmade  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Uniform Yes, Fill in the details.  Name of trust  Description and value of the property transferred  Date Transmade  To your benefit, or sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes, Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes, Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  No Hoe les has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No Hoe les has or had access to it?  Address (Number, Street, City, State and ZIP Code)	;	24875 Prielipp Rd #912		vy cobolt car		5/1/20
beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred Date Transmade  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, c sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) San Diego County Credit Union PO Box 261209  San Diego, CA 92196-1209  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	_	Brother				
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, or sold, moved, or transferred?  1 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  San Diego County Credit Union XXXX-5809  San Diego County Credit Union XXXX-5809  San Diego, CA 92196-1209  Checking Savings Money Market Brokerage  Other  Other  No  Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Who else has or had access  No  Yes. Fill in the details.  Name of Storage Facility  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access  Otit?  Address (Number, Street, City, State and ZIP Code)	b	eneficiary? (These are often called asset-pro		ny property to a s	elf-settled trust or similar de	vice of which you are a
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, or sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  Nome of Financial Institution and Address (Number, Street, City, State and ZIP		Name of trust	Description and	value of the prope	erty transferred	Date Transfer was made
Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, or sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, bro houses, pension funds, cooperatives, associations, and other financial institutions.  Nome of Financial Institution and Address (Number, Street, City, State and ZIP	Part	8: List of Certain Financial Accounts. In:	struments. Safe Depos	it Boxes, and Stor	rage Units	
Address (Number, Street, City, State and ZIP   account number   instrument   closed, sold, moved, or transferred   San Diego County Credit Union   XXXX-5809   Checking   10/29/19   \$ Savings   Money Market   Brokerage   Other_     Other_     Other_     No   Yes. Fill in the details.  Name of Financial Institution   Address (Number, Street, City, State and ZIP Code)   State and ZIP Code)   Who else had access to it?   Address (Number, Street, City, State and ZIP Code)   Who else has or had access   Describe the contents   Do you shave it?   Storage Facility   Address (Number, Street, City, Street,	lı h	nclude checking, savings, money market, on the courses, pension funds, cooperatives, associated No Yes. Fill in the details.	ciations, and other fina	ncial institutions.		, -
PO Box 261209 San Diego, CA 92196-1209    Savings		Address (Number, Street, City, State and ZIP	• • • • • • • • • • • • • • • • • • • •		closed, sold, moved, or	Last balance before closing or transfer
No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No □ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Poyous filed for bankruptcy?  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Describe the contents  Do yous for it? Address (Number, Street, City, State and ZIP Code)		PO Box 261209	xxxx-5809	☐ Savings ☐ Money Marke ☐ Brokerage		\$-275.85
<ul> <li>Yes. Fill in the details.</li> <li>Name of Financial Institution         Address (Number, Street, City, State and ZIP Code)</li> <li>Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Name of Storage Facility         Address (Number, Street, City, State and ZIP Code)</li> <li>Who else has or had access to it?         Address (Number, Street, City, State and ZIP Code)</li> <li>Describe the contents</li> <li>Do you shave it?</li> </ul>			year before you filed fo	or bankruptcy, any	r safe deposit box or other de	epository for securities,
Address (Number, Street, City, State and ZIP Code)	I [	_				
■ No □ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)			Address (Number,		Describe the contents	Do you still have it?
☐ Yes. Fill in the details.         Name of Storage Facility       Who else has or had access to it?       Describe the contents       Do you shave it?         Address (Number, Street, City, State and ZIP Code)       Address (Number, Street, City, City, City, City, City, City, City, City	22. <b>F</b>	lave you stored property in a storage unit o	or place other than you	r home within 1 y	ear before you filed for bankı	ruptcy?
Address (Number, Street, City, State and ZIP Code) to it?  Address (Number, Street, City,  Address (Number, Street, City,	•	_				
		· · · · · · · · · · · · · · · ·	to it? Address (Number,		Describe the contents	Do you still have it?

Debtor 1 **Jennifer Nicole Pepin** 

Del	otor 1 Jennifer Nicole Pepin		Case number (if known)	
Par	rt 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pai	rt 10: Give Details About Environmental Inform	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	y release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
		•		

Part 11: Give Details About Your Business or Connections to Any Business

☐ An owner of at least 5% of the voting or equity securities of a corporation

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

Official Form 107

Deb	tor 1 Jennifer Nicole Pepin		case number (if known)
	No Name of the above applies. Co to	Day 40	
	No. None of the above applies. Go to		
	Yes. Check all that apply above and fil	Il in the details below for each business.	
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include doctal decurity number of frint.
			Dates business existed
	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Include all financial
	■ No		
	Yes. Fill in the details below.		
	Name	Date Issued	
	Address		
	(Number, Street, City, State and ZIP Code)		
Par	12: Sign Below		
are t		a false statement, concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
/s/	lennifer Nicole Pepin		
	nifer Nicole Pepin	Signature of Debtor 2	
Sig	nature of Debtor 1		
Date	September 17, 2020	Date	
Did y	ou attach additional pages to Your Statem	ent of Financial Affairs for Individuals Fil	ing for Bankruptcy (Official Form 107)?
■ N	)		
ПΥ	es		
Did v	ou pay or agree to pay someone who is no	ot an attorney to help you fill out bankrunt	cy forms?
■ N	. , , ,	and an arrange to more you am out build up	-,
_		uptcy Petition Preparer's Notice, Declaration	and Signature (Official Form 119).

Fill in this inform	nation to identify your	case:		
Debtor 1	Jennifer Nicole F			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	nkruptcy Court for the:	SOLITHERN DIST	FRICT OF CALIFORNIA	
Officed States Ba	inkruptcy Court for the.	30011121(11 013)	THE OF CALIFORNIA	
Case number (if known)				☐ Check if this is an amended filing
	nt of Intention		viduals Filing Under Chap	ter 7 12/15
	vidual filing under cha e claims secured by ye		i out this form it:	
you have leas You must file this	ed personal property s form with the court over is earlier, unless t	and the lease has n vithin 30 days after	ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	eople are filing togethe ad date the form.	r in a joint case, bo	th are equally responsible for supplying correct	t information. Both debtors must
	and accurate as possi our name and case nu		s needed, attach a separate sheet to this form. C	On the top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	ve Secured Claims		
1. For any credito	ors that you listed in F	art 1 of Schedule D	: Creditors Who Have Claims Secured by Prope	erty (Official Form 106D), fill in the
information be Identify the cre	elow. editor and the property	that is collateral	What do you intend to do with the property the secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's <b>T</b> name:	oyota Financial Ser	vices	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
	2015 Toyota Coro	lla 75000	Retain the property and enter into a Reaffirmation Agreement.	Yes
property securing debt:	miles		☐ Retain the property and [explain]:	
Part 2: List Yo	our Unexpired Person	al Proporty I asses		
For any unexpire in the informatio	ed personal property le n below. Do not list re	ease that you listed al estate leases. Un	in Schedule G: Executory Contracts and Unexpexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365()	the lease period has not yet ended.
Describe your u	nexpired personal pro	perty leases		Will the lease be assumed?
Lessor's name: Description of lea	ased			□ No
Property:				☐ Yes
Lessor's name:				□ No
Description of lea Property:	ased			☐ Yes
Lessor's name:				□ No
Official Form 108		Statement of In	tention for Individuals Filing Under Chapter 7	page 1

Software Copyright (c) 1996-2020 Best Case, LLC - www.bestcase.com

### Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 42 of 62

Del	otor 1	Jennifer Nicole Pepin	Case number (if known	
	scription perty:	of leased		☐ Yes
	ssor's nar			□ No
	scription perty:	of leased		☐ Yes
	ssor's nar			□ No
	scription perty:	of leased		☐ Yes
	ssor's nar			□ No
	scription perty:	of leased		☐ Yes
	sor's nar			□ No
	scription perty:	of leased		☐ Yes
Par	t 3: Si	gn Below		
		ty of perjury, I declare that I have indicat t is subject to an unexpired lease.	ted my intention about any property of my estate that s	ecures a debt and any personal
Χ	/s/ Jei	nnifer Nicole Pepin	X	
		fer Nicole Pepin	Signature of Debtor 2	
	Signati	ure of Debtor 1		
	Date	September 17, 2020	Date	

		*					
Fill in this i	nformation to identify your case:					irected in this form and	in Form
Debtor 1	Jennifer Nicole Pepin		122	2A-1Supp	):		
Debtor 2 (Spouse, if filir			1	■ 1. The	re is no pres	umption of abuse	
United Sta	tes Bankruptcy Court for the: Southern District of	of California	'	app	lies will be n	o determine if a presul nade under <i>Chapter</i> 7	•
Case numb (if known)	per		_     ,	☐ 3. The	Means Test	cial Form 122A-2).  does not apply now be service but it could ap	
						n amended filing	<u> </u>
Official	l Form 122A - 1			_ •••		g	
	er 7 Statement of Your Cur	rent Mor	nthly Inc	ome			04/20
attach a sep case numbe	ete and accurate as possible. If two married people a arate sheet to this form. Include the line number to w r (if known). If you believe that you are exempted fro ilitary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	hich the addition m a presumption	al information a of abuse becau	ipplies. Oi se you do	n the top of an not have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
_	is your marital and filing status? Check one or	ııy.					
	ot married. Fill out Column A, lines 2-11.	it both Columns	A and D. lines	0.11			
_	arried and your spouse is filing with you. Fill ou arried and your spouse is NOT filing with you.			2-11.			
	Living in the same household and are not lega	•	•	lumne A a	and B. lings (	0 11	
	Living separately or are legally separated. Fill				•		u declare under
_	penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	l under nonban	kruptcy la	aw that applie	es or that you and you	
101(10A) the 6 mor	e average monthly income that you received from all . For example, if you are filing on September 15, the 6-m on this, add the income for all 6 months and divide the total own the same rental property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 throusult. Do not include	ugh August de any inco	: 31. If the amo	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
·				Column Debtor		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, overtime, Il deductions).	and commissio	ons (before all	\$	890.38	\$	
Colun	ony and maintenance payments. Do not include nn B is filled in.	. ,	·	\$	0.00	\$	
of you from a and ro	nounts from any source which are regularly page or your dependents, including child support an unmarried partner, members of your household bommates. Include regular contributions from a spont. Do not include payments you listed on line 3.	Include regular d, your depender	contributions nts, parents,	\$	0.00	\$	
	ncome from operating a business, profession,	or farm		·		·	
		Deb	tor 1				
Gross	receipts (before all deductions)	\$0.00					
Ordin	ary and necessary operating expenses	-\$ 0.00				_	
	onthly income from a business, profession, or far	m \$0.00	Copy here ->	\$	0.00	\$	
6. Net in	ncome from rental and other real property	Dah	tor 1				
0	receipte (hefere all deductions)	\$ 0.00	tor I				
	receipts (before all deductions)	-\$ 0.00					
	ary and necessary operating expenses northly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
	, , ,	Ψ	.1.7	\$	0.00	\$	
/. mtere	est, dividends, and royalties			Ψ			

Official Form 122A-1

Case number (if known)

			Column Debtor		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation		\$	1,562.50	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benefit under					
	For you \$	0.00					
	For your spouse \$						
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as sinot include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that process and exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter	tated in the next sentence, do r allowance paid by the ty, combat-related injury or es. If you received any retired pay only to the extent that it u would otherwise be entitled		0.00	\$		
10.	Income from all other sources not listed above. Spi Do not include any benefits received under the Social Sunder the Federal law relating to the national emergency under the National Emergencies Act (50 U.S.C. 1601 ecoronavirus disease 2019 (COVID-19); payments receiverime, a crime against humanity, or international or don compensation pension, pay, annuity, or allowance paid Government in connection with a disability, combat-related of a member of the uniformed services. If necess separate page and put the total below	Security Act; payments made by declared by the President it seq.) with respect to the ved as a victim of a war nestic terrorism; or d by the United States ated injury or disability, or					
	CalFresh		\$	86.50	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.	+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies to	tal for Column B.	2,539.38	<b>3</b>		Total of incom	2,539.38 current monthly
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	•	C	opy line 11 h	nere=>	\$	2,539.38
	Multiply by 12 (the number of months in a year)					<b>X</b>	12
	12b. The result is your annual income for this part of the	e form			12b.		30,472.56
13.	Calculate the median family income that applies to	you. Follow these steps:					
	Fill in the state in which you live.	CA					
	Fill in the number of people in your household.	1					
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link specified	in the sep	parate instruc	13. tions	\$	60,360.00
14.	How do the lines compare?						
Part	<ul> <li>Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official</li> <li>Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.</li> <li>Sign Below</li> </ul>	Form 122A-2.					22A-2.
	By signing here, I declare under penalty of perjury	that the information on this st	atement a	ind in any atta	achments is tru	e and c	orrect.
				,			
	X /s/ Jennifer Nicole Pepin  Jennifer Nicole Pepin						

Jennifer Nicole Pepin

Debtor 1

### Case 20-04631-CL7 Filed 09/17/20 Entered 09/17/20 13:43:18 Doc 1 Pg. 45 of 62

Debtor 1	Jennifer Nicole Pepin	Case number (if known)	
	Signature of Debtor 1		
Date	September 17, 2020 MM / DD / YYYY		
l:	f you checked line 14a, do NOT fill out or file Form 122A-2.		
l I	f you checked line 14b, fill out Form 122A-2 and file it with this form.		

Debtor 1 Jennifer Nicole Pepin Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 03/01/2020 to 08/31/2020.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Golden** Year-to-Date Income:

Starting Year-to-Date Income: **\$0.00** from check dated **2/29/2020**. Ending Year-to-Date Income: **\$1,772.00** from check dated **8/31/2020**.

Income for six-month period (Ending-Starting): \$1,772.00 .

Average Monthly Income: \$295.33 .

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **IHOP** Year-to-Date Income:

Income for six-month period (Ending-Starting): \$1,650.27.

Average Monthly Income: \$275.05.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Work Comp

Income by Month:

6 Months Ago:	03/2020	\$0.00
5 Months Ago:	04/2020	\$1,920.00
4 Months Ago:	05/2020	\$0.00
3 Months Ago:	06/2020	\$0.00
2 Months Ago:	07/2020	\$0.00
Last Month:	08/2020	\$0.00
	Average per month:	\$320.00

### Line 8 - Unemployment compensation (included in CMI)

Source of Income: Unemployment

Income by Month:

6 Months Ago:	03/2020	\$0.00
5 Months Ago:	04/2020	\$3,252.00
4 Months Ago:	05/2020	\$2,764.00
3 Months Ago:	06/2020	\$1,474.00
2 Months Ago:	07/2020	\$737.00
Last Month:	08/2020	\$1,148.00
	Average per month:	\$1,562.50

Debtor 1 <b>Jennifer Ni</b>	cole Pepin		Case number (if known)	
Line 10 - Income from	m all other sources			
Source of Income: Ca	lFresh			
Income by Month:				
6 Months Ago:	03/2020	\$0.00		
5 Months Ago:	04/2020	\$173.00		
4 Months Ago:	05/2020	\$173.00		
3 Months Ago:	06/2020	\$173.00		
2 Months Ago:	07/2020	\$0.00		
Last Month:	08/2020	\$0.00		
	Average per month:	\$86.50		

Revised: 1/24/13

Name, Address, Telephone No. & I.D. No. Michael G. Doan 175649
1930 S. Coast Highway 101 Ste-206

Oceanside, CA 92054 760 450 3333 175649 CA

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA
325 West "F" Street, San Diego, California 92101-6991

In Re Jennifer Nicole Pepin

Tax I.D. / S.S. #: xxx-xx-0920

BANKRUPTCY NO.

### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA RIGHTS AND RESPONSIBILITIES OF CHAPTER 7 DEBTORS AND THEIR ATTORNEY

Debtor.

In order for debtors and their attorneys to understand their rights and responsibilities in the bankruptcy process, the following terms of engagement are hereby agreed to by the parties.

Nothing in this agreement should be construed to excuse an attorney from any ethical duties or responsibilities under Federal Rule of Bankruptcy Procedure 9011 and the Local Bankruptcy Rules.

## I. Services Included in the Initial Fee Charged

The following are services that an attorney must provide as part of the initial fee charged for representation in a Chapter 7 case:

- 1. Meet with the debtor to review the debtor's assets, liabilities, income and expenses.
- 2. Analyze the debtor's financial situation, and render advice to the debtor in determining whether to file a petition in bankruptcy.
- 3. Describe the purpose, benefits, and costs of the Chapters the debtor may file, counsel the debtor regarding the advisability of filing either a Chapter 7, 11, or 13 case, and answer the debtor's questions.
- 4. Advise the debtor of the requirement to attend the Section 341(a) Meeting of Creditors, and instruct the debtor as to the date, time and place of the meeting.
- 5. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on vehicles securing loans or leases.

- 6. Timely prepare, file and serve, as required, the debtor's petition, schedules, Statement of Financial Affairs, and any necessary amendments to Schedule C.
- 7. Provide documents pursuant to the Trustee Guidelines and any other information requested by the Chapter 7 Trustee or the Office of the United State Trustee.
- 8. Provide an executed copy of the Rights and Responsibilities of Chapter 7 Debtors and their Attorneys to the debtor.
- 9. Appear and represent the debtor at the Section 341(a) Meeting of Creditors, and any continued meeting, except as further set out in Section II.
- 10. File the Certificate of Debtor Education if completed by the debtor and provided to the attorney before the case is closed.
- 11. Attorney shall have a continuing obligation to assist the debtor by returning telephone calls, answering questions and reviewing and sending correspondence.
- 12. Respond to and defend objections to claim(s) of exemption arising from attorney error(s) in Schedule C.

# II. Services Included as Part of Chapter 7 Representation, Subject to an Additional Fee

The following are services, included as part of the representation of the debtor, but for which the attorney may charge additional fees.

- 1. Representation at any continued meeting of creditors due to client's failure to appear or failure to provide required documents or acceptable identification;
- 2. Amendments, except that no fee shall be charged for any amendment to Schedule C that may be required as a result of attorney error;
- 3. Opposing Motions for Relief from Stay;
- 4. Reaffirmation Agreements and hearings on Reaffirmation Agreements;
- 5. Redemption Motions and hearings on Redemption Motions;
- 6. Preparing, filing, or objecting to Proofs of Claims, when appropriate, and if applicable;
- 7. Representation in a Motion to Dismiss or Convert debtor's case;
- 8. Motions to Reinstate or Extend the Automatic Stay;
- 9. Negotiations with Chapter 7 Trustee in aid of resolving nonexempt asset, turnover or asset administration issues.

### III.

## Additional Services Not Included in the Initial Fee Which Will Require a Separate Fee Agreement

The following services are <u>not</u> included as part of the representation in a Chapter 7 case, unless the attorney and debtor negotiate representation in these post-filing matters at mutually agreed upon terms in advance of any obligation of the attorney to render services. Unless a new fee agreement is negotiated between debtor and attorney, attorney will not be required to represent the debtor in these matters:

- 1. Defense of Complaint to Determine Non-Dischargeability of a Debt or filing Complaint to determine Dischargeability of Debt;
- 2. Defense of a Complaint objecting to discharge;
- 3. Objections to Claim of Exemption, except where an objection arises due to an error on Schedule C;
- 4. Sheriff levy releases;
- 5. Section 522(f) Lien Avoidance Motions;
- 6. Opposing a request for, or appearing at a 2004 examination;
- 7. All other Motions or Applications in the case, including to Buy, Sell, or Refinance Real or other Property;
- 8. Motions or other proceedings to enforce the automatic stay or discharge injunction;
- 9. Filing or responding to an appeal;
- 10. An audit of the debtor's case conducted by a contract auditor pursuant to 28 U.S.C. Section 586(f).

#### IV.

### **Duties and Responsibilities of the Debtor**

As the debtor filing for a Chapter 7 bankruptcy, you must:

- 1. Fully disclose everything you own, lease, or otherwise believe you have a right or interest in prior to filing the case;
- 2. List everyone to whom you owe money, including your friends, relatives or someone you want to repay after the bankruptcy is filed;
- 3. Provide accurate and complete financial information;
- 4. Provide all requested information and documentation in a timely manner, in accordance with the Chapter 7 Trustee Guidelines;
- 5. Cooperate and communicate with your attorney;
- 6. Discuss the objectives of the case with your attorney before you file;

- 7. Keep the attorney updated with any changes in contact information, including email address;
- 8. Keep the attorney updated on any and all collection activities by any creditor, including lawsuits, judgments, garnishments, levies and executions on debtor's property;
- 9. Keep the attorney updated on any changes in the household income and expenses;
- 10. Timely file all statutorily required tax returns;
- 11. Inform the attorney if there are any pending lawsuits or rights to pursue any lawsuits;
- 12. Appear at the Section 341(a) Meeting of Creditors, and any continued Meeting of Creditors;
- 13. Bring proof of social security number and government issued photo identification to the Section 341(a) Meeting of Creditors;
- 14. Provide date-of-filing bank statements to the attorney no later than 7 days after filing of your case;
- 15. Pay all required fees prior to the filing of the case;
- 16. Promptly pay all required fees in the event post filing fees are incurred;
- 17. Debtors must not direct, compel or demand their attorney to take a legal position or oppose a motion in violation of any Ethical Rule, any Rule of Professional Conduct, or Federal Rule that is not well grounded in fact or law.

Dated:	September 17, 2020	/s/ Jennifer Nicole Pepin	
		Jennifer Nicole Pepin	
		Debtor	
Dated:	September 17, 2020	/s/ Michael G. Doan	
		Michael G. Doan 175649	
		Attorney for Debtor(s)	

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of California

In r	e Jennifer Nicole Pepin		Case N	o	
		Debtor(s)	Chapte	r <b>7</b>	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy,	or agreed to be p	aid to me, for services re	
	For legal services, I have agreed to accept		\$	1,299.00	
	Prior to the filing of this statement I have received		\$	1,299.00	
	Balance Due		\$	0.00	
2.	\$335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are m	embers and associates o	f my law firm.
	☐ I have agreed to share the above-disclosed compensoropy of the agreement, together with a list of the na				aw firm. A
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	<ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Cease and Desist Orders and other con laws including, but not limited to RFDC (\$100.00/month value);</li> </ul>	tement of affairs and plan which tors and confirmation hearing, an nmunications with creditors	may be required d any adjourned to stop haras	hearings thereof;	
	Post petition credit updating under FCI	RA to update reports with pr	oper Bankrup	cy Information(\$500	.00 value);
	Services also included consistent with Rights and Responsibilities of Chapter			Southern District of C	alifornia
7.	By agreement with the debtor(s), the above-disclosed for Services are excluded consistent with and Responsibilities of Chapter 7 Debte	the United States Bankrupto		ern District of Califor	nia Rights
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	ny agreement or arrangement for	payment to me f	or representation of the c	lebtor(s) in
,	September 17, 2020	/s/ Michael G. Doa	an		
_	Date	Michael G. Doan			
		Signature of Attorne  Doan Law LLP	y		
		1930 S. Coast Hig		206	
		Oceanside, CA 92			
		760 450 3333 Fax mike@doanlaw.c		1	
		Name of law firm	VIII		

CSD 1008 [08/21/00] Name, Address, Telephone No. & I.D. No. Michael G. Doan 175649 1930 S. Coast Highway 101 Ste-206 Oceanside, CA 92054 760 450 3333 175649 CA				
UNITED STATES BANKRUPTCY COU  SOUTHERN DISTRICT OF CALIFORNIA 325 West "F" Street, San Diego, California				
In Re Jennifer Nicole Pepin		BANKRUPTCY NO.		
	Debtor.			
VERIFICATION	ON OF CREDITO	R MATRIX		
PART I (check and complete one):				
New petition filed. Creditor diskette required.		TOTAL NO. OF CREDITORS: 28		
□ Conversion filed on See instructions on rever □ Former Chapter 13 converting. Creditor disketter □ Post-petition creditors added. Scannable matrix re □ There are no post-petition creditors. No matrix req	equired. quired.	TOTAL NO. OF CREDITORS:		
□ Amendment or Balance of Schedules filed concurrently with Equity Security Holders. See instructions on reverse side. □ Names and addresses are being ADDED □ Names and addresses are being DELETE □ Names and addresses are being CORRE	ED.	e matrix affecting Schedule of Debts and/or Schedule of		
PART II (check one):				
■ The above-named Debtor(s) hereby verifies that the list of cr	reditors is true and corr	rect to the best of my (our) knowledge.		
☐ The above-named Debtor(s) hereby verifies that there are no the filing of a matrix is not required.	post-petition creditors	affected by the filing of the conversion of this case and that		
	ennifer Nicole Pep	in		
	nifer Nicole Pepin			
Sign	ature of Debtor			

CSD 1008 (Page 2) [08/21/00]

#### INSTRUCTIONS

- 1) Full compliance with Special Requirements for Mailing Addresses (CSD 1007) is required.
- 2) A creditors matrix with Verification is required whenever the following occurs:
  - a) A new petition is filed. Diskette required.
  - b) A case is converted on or after SEPTEMBER 1, 2000. (See paragraph 4b concerning post-petition creditors.)
  - c) An amendment to a case on or after SEPTEMBER 1, 2000, which adds, deletes or changes creditor address information on the debtor's Schedule of Debts and/or Schedule of Equity Security Holders. Scannable matrix format required.
- 3) The scannable matrix must be <u>originally</u> typed or printed. It may not be a copy.
- 4) CONVERSIONS:
  - a) When converting a Chapter 13 case filed before SEPTEMBER 1, 2000, to another chapter, <u>ALL</u> creditors must be listed on the mailing matrix at the time of filing and accompanied by a <u>Verification</u>. Diskette required.
  - b) For Chapter 7, 11, or 12 cases converted on or after SEPTEMBER 1, 2000, only post-petition creditors need be listed on the mailing matrix. The matrix and Verification must be filed with the post-petition schedule of debts and/or schedule of equity security holders. If there are no post-petition creditors, only the verification form is required. Scannable matrix format required.
- 5) AMENDMENTS AND BALANCE OF SCHEDULES:
  - a) <u>Scannable matrix format required.</u>
  - b) The matrix with <u>Verification</u> is a document separate from the amended schedules and may not be used to substitute for any portion of the schedules. IT MUST BE SUBMITTED WITH THE AMENDMENT/BALANCE OF SCHEDULES.
  - c) Prepare a separate page for each type of change required: ADDED, DELETED, or CORRECTED. On the REVERSE side of each matrix page, indicate which category that particular page belongs in. Creditors falling in the same category should be placed on the same page in alphabetical order.
- 6) Please refer to CSD 1007 for additional information on how to avoid matrix-related problems.

Comenity
POB 182273
Columbus, OH 43218-2273

Comenity Bank/Torrid Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity-Torrid Po Box 659584 San Antonio, TX 78265

Crown Asset Management LLC 3100 Breckinridge Blvd. Suite 725 Duluth, GA 30096

Customer Relations Speedy Cash P.O. Box 780408 Wichita, KS 67278-0408

D&A Services LLC 1400 E Touhy Ave Ste G2 Des Plaines, IL 60018

First Source 205 Bryant Woods South Buffalo, NY 14228

Genesis FS Card Services POB 23013 Columbus, GA 31902-3013

Genesis FS Card Services POB 4480 Beaverton, OR 97076

Genesis FS Card Services POB 23013 Columbus, GA 31902

NetPay Advance 6820 W Central Ave Wichita, KS 67212

Notice Only Trans Union PO Box 1000 Crum Lynne, PA 19022

Notice Only Equifax PO Box 740241 Atlanta, GA 30374-0241

Notice Only Experian PO Box 9701 Allen, TX 75013-2104

Notice Only Chex Systems, Inc. 7805 Hudson Road, Suite 100 Woodbury, MN 55125

Portfolio Recovery Associates PO Box 12914 Norfolk, VA 23541

San Diego County Credit Union PO Box 261209 San Diego, CA 92196-1209

Sherman Originators III, LLC POB 10497 Greenville, SC 29603

Speedy Cash P.O Box 780408 Wichita, KS 67278

Speedy Cash Po Box 101928 Dept 2280 Birmingham, AL 35210

Sterling Jewelers/Kay Jewelers Attn: Bankruptcy 375 Ghent Rd Akron, OH 44333

Synchrony Bank POB 965064 Orlando, FL 32896-5064

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Theodore Marioncelli 219 Oleander St. Oceanside, CA 92057

Toyota Financial Services Attn: Bankruptcy Dept Po Box 8026 Cedar Rapids, IA 52409 TRS Recovery Services Inc. PO Box 60022 City of Industry, CA 91716-0022

Valentine & Kebartas P.O. Box 325 Lawrence, MA 01842